



If you are retired or separated from state service, you may call the Savings Plus Program to report an address change. You may also change your address in writing.

If you are an active employee, you must change your address through your employer. Please contact your department's personnel office for assistance.


### PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER --- --
OLD ADDRESS			
CITY	STATE	ZIP CODE	
NEW ADDRESS			E-MAIL ADDRESS
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER WITH AREA CODE ( )

**Privacy Statement:** The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. It is mandatory that you furnish all information requested on this form. Failure to provide mandatory information may result in action requested not being processed.

### PARTICIPANT SIGNATURE

I authorize the Savings Plus Program to change my address of record. All program mailings will be sent to the new address listed above. I have read the Privacy Statement and the information provided on this form and agree to all the terms.

 \_\_\_\_\_  
Participant Signature Date

If you have any questions, please call (800) 827-5000 between 8:30 a.m. to 4:00 p.m. PST, Monday – Friday to speak with a Customer Service Representative.

Return completed form to:

**Savings Plus Program**  
**1800 15<sup>th</sup> Street**  
**Sacramento, CA 95814-6614**